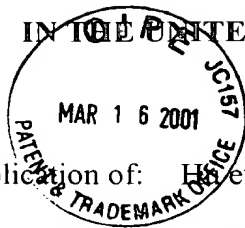


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



RECEIVED

MAR 20 2001  
TECH CENTER 1600/2900

In re application of: ~~He~~ et al.

Application Serial No.: 09/219,442

Group Art Unit: 1647

Filed: December 23, 1998

Examiner: Saoud, C.

For: Vascular Endothelial Growth Factor 2

Atty. Docket No.: PF112P2D1

#15  
M.Q.  
3/27/01

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. §1.136

Commissioner for Patents  
Washington, D.C. 20231

Sir:

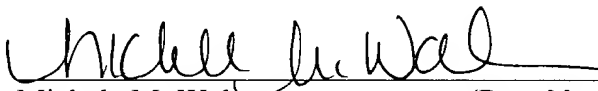
Applicants petition the Commissioner for Patents to extend the time for response to the Office Action mailed September 19, 2000, for three (3) months from December 19, 2000, to and including March 19, 2001.

Please charge Deposit Account No. 08-3425 in the amount of \$890.00 to cover the cost of the extension. Applicants submit concurrently herewith, a Fee Transmittal, with appropriate fee(s). The Patent Office is further authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 08-3425.

03/19/2001 TBESHAN1 00000052 083425 09219442  
01 FC:117 890.00 CH

Respectfully submitted,

Dated:

March 16, 2001 

Michele M. Wales  
Attorney for Applicants

(Reg. No. 43,975)

**Human Genome Sciences, Inc.**  
9410 Key West Avenue  
Rockville, MD 20850  
Telephone: (301) 610-5772

Enclosures  
MMW/lcc

FEE TRANSMITTAL for FY 2001				Complete if Known																																																																																																																																																																															
Patent fees are subject to annual revision.				<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> <b>RECEIVED</b>            MAR 20 2001            TECH CENTER         </div>																																																																																																																																																																															
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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number <b>08-3425</b> Deposit Account Name <b>Human Genome Sciences, Inc.</b>  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27  2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other* * Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 08-3425				3. <b>ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - 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Name (Print/Type) Michele M. Wales				Registration No.: 43,975																																																																																																																																																																															
Signature: <i>Michele M. Wales</i>				Telephone 30																																																																																																																																																																															
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